



County of San Diego

HEALTH AND HUMAN SERVICES AGENCY PUBLIC HEALTH SERVICES

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Community Epidemiology
Emergency & Disaster Medical Services
HIV, STD and Hepatitis
Immunization
Maternal, Child and Family Health Services
Public Health Laboratory
PH Nursing/Border Health
TB Control & Refugee Health
Vital Records

BASE STATION PHYSICIANS' COMMITTEE MEETING

Minutes

TUESDAY, February 15, 2011

Members Present

Buono, M.C., Colleen – UCSD BHMD
Dunford, M.D., Jim – City of SD Medical Director
Grad, M.D., Michele – Palomar BHMD
Howard, R.N., Luann – BHNC
Linnik, M.D., Bill – Sharp Grossmont BHMD
Kramer, M.D., Mark – Sharp Memorial
Marugg, James – SD County paramedics Association
Meadows-Pitt, R.N., Mary – Sharp Grossmont BHNC
Teilly, M.D., Ian – Scripps La Jolla BHMD
Sallee, M.D., Don – NMCSD
Schwartz, M.D., Brad – AMR Medical Director
Tomaneng, M.D., Neil – Tri-City BHMD
Zahller, M.D., Steve – Scripps Mercy

County Staff

Haynes, M.D., Bruce
Smith, Susan
Stepanski, Barbara

Recorder

Wolchko, Janet I.

Guests Present

Aker, Donna Kelly – UCSD ROC
Allington, Linda – Carlsbad Fire
Anderson, Marilyn – Vista Fire
Bourdon, Darlene – Scripps Mercy
Broyles, Linda – AMR/RCCP
Conover, William – Camp Pendleton Fire
Davis, M.D., Dan – Mercy Air
Dotson, Melody – UCSD BHNC
Galotte, Adam – SD Paramedic Assoc.
Graydon, Cheryl – Palomar Medical Ctr.
Gross, M.D., Toni – Rady Children's Hospital
Hudnet, Charlene - SDMS
Idman-Gervais, R.N., Dianne – Sharp Grossmont
Kahn, Chris – UCSD
Kelly, Christian – UCSD
Klingensmith, Todd – SD Co. Paramedic Assoc.
Lemire, Harold – SDFD
Liane, Jim – Naval Medical Center SD
Lindsey, Matt – North County Fire
Maloney, Michael – AMR
Maxwell, Paul – SD Paramedic Association
Murphy, Mary – CSA-17 FD
Ninberg, Lori – Rady Children's Hospital
Ochs, Ginger – SD Fire Rescue
Rosenberger, Wendy – Tri-City Hospital
Sapida, R.N., Juliet – UCSD Medical Center
Seabloom, R.N., Lynne – Oceanside Fire
Serra, John – UCSD
Stoncipher, R.N., Joanne – Southwestern Coll.
Wallar, Christopher – Sharp Memorial
Workman, R.N., Debi – Paramedic Trng Prog.

I. CALL TO ORDER/INTRODUCTIONS/ANNOUNCEMENTS

Ian Reilly, M.D., Chair called the meeting to order at 11:12 am.

II. APPROVAL OF MINUTES

The minutes for January 18, 2011 were approved.

III. MEDICAL DIRECTOR'S REPORT (Bruce Haynes, M.D.)

Dr. Haynes extended a thank you to everyone who helped UCSD after a pipe broke and flooded the UCSD radio room.

Offload delays. Bypass hours on saturation at the hospitals is at a 10 year low. Hospitals have worked hard to keep the numbers down and reduce the number of bypassed patients. Dr. Haynes also talked about offload delay occurrences.

POLST. Dr. Haynes provided a copy of the revised Physician Orders for Life-Sustaining Treatment (POLST) form and reviewed some of the changes. The POLST form allows an individual to record their provisions of care, and also provides protection for the field providers and the hospital. The revised form clarifies some issues that were reported regarding Cardiopulmonary Resuscitation (CPR), medical interventions and artificially administered nutrition. The revised form takes effect in April 1, 2011. The California Foundation continues to hire coordinators throughout the State to provide education and information on the form.

Influenza. Influenza is presently at low levels in the community. ED visits for influenza related respiratory illness at monitored hospitals has been running about 4 percent, which is similar to last year at this time. The number of patients that have died from influenza related illnesses is at 10 percent. Under a new law, the State requires reporting on the number of healthcare workers that have been vaccinated against influenza. The statewide goal for last year was to reach 60 percent. Sixty-three percent were reported to have been vaccinated. Hospitals that have mandatory influenza vaccination have a 97 to 99 percent rate of compliance.

Norovirus. There have been few outbreaks of norovirus.

Pertussis. There are 55 confirmed cases of pertussis this year which is about the same amount of cases reported last year at this time. Last year there were almost 1,200 cases of pertussis.

EMOC is working on an Emergency Department (ED narcotic prescription guideline. The ED guidelines are for patients that request specific controlled substances, repeatedly run out of medication early, request unscheduled refills, are unwilling to try non-opioid treatments and engage in doctor shopping activities. The Controlled Substance Utilization Review and Evaluation System (CURES) is a state data bank that lists controlled substances that have been prescribed. EMOC is working on an informal guideline for facilities in the County to adopt and refer patients to a medical home or a pain clinic so they are not continuing to come into the ED to receive narcotics. Dr. Haynes will keep the Committee updated on information.

EMTALA. There were a few cases discussed at PAC regarding ambulances arriving at hospitals and Emergency Medical Treatment and Active Labor Act (EMTALA) violations. EMTALA

fines are high and sanctions are onerous, which concerns facilities. Dr. Haynes reviewed the California Association EMTALA guideline book and talked to the Hospital Association to clarify EMTALA violation issues. If care is not requested by patients and/or prehospital personnel, an ambulance transport can leave one hospital campus and transport the patient to the appropriate hospital. Aeromedical services can use a helicopter pad at a hospital for transport services as long as the crew does not go into the ED and request treatment or evaluation. Dr. Kramer asked if there will be a letter from CMS stating that it is acceptable for a medical transport to be on one hospital property, and transport a patient from there to the recommended appropriate hospital. Dr. Haynes agreed that there should be a confirmation letter considering the high risk of penalties. Discussion ensued on cases that may be considered EMTALA violations and the exceptions within local community plans with specialty care such as trauma. **Action: Dr. Haynes said he will review the EMTALA guidelines regarding the community plan.**

**IV. SAN DIEGO HEALTHCARE DISASTER COUNCIL
(Linda Rosenberg, R.N.)**

Grant applications for deliverables are being submitted to the County who will in turn submit them to the state.

Hospitals are waiting for the state vendor to distribute the items purchased from year 2008. Those items have not arrived yet.

The FAA, FBI, police and fire are having a Transportation Security Administration (TSA) drill. Hospitals have been invited to observe the TSA drill.

Dr. Buono mentioned that the Cardiovascular Center (CVC) is conducting an Active Shooter Drill. Law enforcement agencies will be participating with the health system staff. If you are interested in more information regarding the drill please contact Therese Rymer, Director of Emergency and Preparedness Response.

V. ROC UPDATE (Dan Davis, M.D.)

Dr. Davis provided a PowerPoint presentation on Cardiac Arrest Transports and receiving facilities, and how non STEMI centers are affected. Data from ROC was used to review 900 cardiac arrest transports during 1 ½ years. San Diego transports more cardiac arrest patients than any other ROC site. Four out of five cardiac arrest patients who are transported go to one of the County designated STEMI centers.

Dr. Reilly asked about transport calls and minimum transportation distances. Dr. Davis responded that they are beginning to address that issue. Four years ago, Counties reviewed the relationship between transport time and patient outcome at a cardiac arrest receiving center. The analysis revealed that longer transports did not translate into higher re-arrest rates or a difference in survival.

The first Annual Resuscitation Conference is on April 9, 2011 at the Catamaran Resort in San Diego. The focus of the conference is on prehospital providers. There will be a flier distributed and a pamphlet with more information about the conference. Dr. Hoyt, Executive Director of the American College of Surgeons, will be the recipient of the first San Diego Resuscitation Award.

VI. TREATMENT PROTOCOL REVIEW

The following protocol changes were reviewed by BSPC

S-101, Glossary of Terms,” Definitive Therapy” wording. Pediatric trauma patient is determined by age, regardless of weight. Under the age of 15, delete “sinus pause” and “unconsciousness”, and add delayed capillary refill.

S-102, Abbreviation List, American Heart Association (AHA), Advanced EMT (AEMT), Laryngeal Tracheal (LT) Airway, and Perilaryngeal Airway Adjunct (PAA) added.

S-103, BLS/ALS Ambulance inventory, Oxygen Saturation Monitoring Device added under “Optional Item”. Tourniquet, County approved type added to BLS skills. CPAP is now mandatory. Listed King Airway different sizes, one each. Under IV needles, there was some discussion that the 45 mm should be optional. Add, “Monitor/Defibrillator with 12 lead EKG capability”. Optional item changes: added Armboard (moved from mandatory). Deleted Perilaryngeal airway and added three-way Stopcock with extension tubing.

S-104, ALS Skills List, under comments section, CPAP patients with a GCS of less than 9, BVM assisted ventilation is appropriate alternative. “Glucose Monitoring”, repeat BS must be done if patient is left on scene. “Intubation” comment regarding applying a c-collar prior to moving. “Needle Thoracostomy”, Dr. Haynes commented that the change in IV catheter was for insertion through an easier location using a longer needle.

S-122, Allergic Reaction/Anaphylaxis formatting changes. Treatment guidelines divided into Mild, Acute and Anaphylaxis.

S-123, Altered Neurologic Function (Non Traumatic), “Hypoglycemia suspected”, less than 60 mg/dL as treatment threshold.

S-127, Dysrhythmias, the words “slow” and “rapid” have been eliminated regarding medications. Under ALS regarding pacing, change from BHPO to SO. There was discussion on VT, amounts of lidocaine and amiodarone, and compliance with the 2010 guidelines on standard of care. Delete “Flush IV/IO line with Normal Saline after medication administration”

S-129, Envenomation Injuries, added BLS treatment of a Jellyfish sting using warm water not to exceed 110 degrees.

S-130, Environmental Exposure, add 500ml fluid bolus for suspected heat exhaustion.

S-131, Hemodialysis Patient, graft/AV fistula to SO.

S-132, Near Drowning/Diving Related Incidents, remove the word “near” in “Near Drowning”.

S-133, Obstetrical Emergencies, eliminated 10 minutes wait on versed. “Eclampsia (seizures)”, deleted “Spinal immobilization when indicated”.

S-135, Pre-Existing Medical Interventions. BLS, eliminate waiting 30 minutes before they can transport patients with medications.

S-136, Respiratory Distress, BLS, added wording to match other protocols. ASL, under severe respiratory distress, Dr. Haynes added that if there is a history of hypertension or a systolic blood pressure over 150, the epi dose should be lowered. It will become a BHPO for 40 or older patients with a history of cardiac history or asthma.

S-139, Trauma, most significant change to ALS - maintain BP 70-80. Dr. Haynes will take the change to the MAC meeting and noted that it was also mentioned in the Medical Director's Update. The trauma surgeons will also have to agree with the change. Fluids with hypotension and head injury were discussed.

S-141, Pain Management, eliminated wording to receive pain management in 2 to 4 mg increments, but give 2 to 10 mg with max of 10 mg, SO. For nausea added Zofran.

S-142, Psychiatric/Behavioral Emergencies, removed wait of 10 minutes for versed.

Discussion points on the changes to the protocols will be brought back at the next meeting. For time management, pediatric protocols will be discussed and reviewed at the next BSPPC meeting.

VII. TRAINING CENTER (Dan Davis, M.D.)

Dr. Davis talked about a proposed Regional Training Facility. A few years ago, ROC data was presented on how San Diego County has a large percentage of agencies that are small. It becomes a challenge for some of the smaller agencies to access some of the same resources and training that the larger agencies have. The UCSD School of Medicine is building a facility that they would like to have as a community training resource. There are non-traditional training approaches using Advanced Resuscitation Training (ART) that has more flexibility in teaching and adapts training to the agencies own environment using their own data and technology

Dr. Dunford added that he had visited the ROC Resuscitation Consortium in Seattle where the same principle of training Dr. Davis discussed was used by Harbor View Hospital, the University of Washington and their EMS system and it was very successful.

VIII. CARES (Jim Dunford, M.D.)

Dr. Dunford provided a handout and did a quick review of Cardiac Arrest Registry to Enhance Survival (CARES). This is the first report to San Diego from national CARES that compares the City of San Diego with all the hospitals in the region and the national report. The Utstein Survival report of the San Diego Fire/Rescue Department data is from 07/01/09 through 01/31/2010. The CARES website was developed by the CDC, Emory University and the American Heart Association. It is a statewide repository to report on cardiac arrest results where all communities can aggregate their data and find out what their survival rate is. The data will come from different points; for example, if EMS transports a patient to a hospital and the patient is in cardiac arrest, someone at the hospital is notified and information regarding if the patient made it out of the ER alive, if the patient made it out of the unit alive, if the patient went home, and the patients neurological status will be entered into the registry. A new field added to the registry this year is, did the patient get therapeutic hypothermia.

The Utstein Survival Report is a standard methodology where all the attempted resuscitations are entered excluding the non-cardiac cases. They are sectioned into witnessed, witnessed by bystanders or witnessed by EMS. Those cases are broken out by asystole, VF/VT, other

rhythms, and then to all the initial patients in VF/VT, how many received ROSC in the field and how many did not. The report concludes with how many patients went home from the hospital, were they discharged alive and what was their neurological status.

Comparisons between San Diego and the nation with bystander intervention where an AED was placed by a lay person is 1.2 percent in San Diego vs. 1.5 percent nationally. The percentage of bystander CPR that was done is 22.4 percent in San Diego vs. 22.6 percent nationally. One in five people are receiving bystander CPR.

Dr. Dunford covered the cardiac survival rates that were bystander witnessed and EMS witnessed.

In the future there will be response time metrics data on processing the call before it gets to a facility, how long it takes for the highway patrol to receive a call from a cell phone, and how long it takes to get to the correct dispatch center and have the crew dispatched.

There is a new system what will link the computer aided dispatch (CAD's) in California. By 2011, there will be data to determine how Heartland and UC Campus and City of San Diego are doing with processing time reports.

When referring to national percentages, those percentages include all other CARES sites in the nation. Dr. Haynes added that within the QCS system some of the data points in CARES are copied and in the electronic record.

Linda Rosenberg asked if there is a way to retrieve data after it has been entered in CARES. Dr. Dunford responded that currently they have one primary access to the data. Ginger Ochs mentioned to contact CARES for access.

IX. FIELD HYPOTHERMIA (Jim Dunford, M.D.)

Postponed due to time constraint.

X. FIELD AIRWAY (Bill Linnik, M.D.)

Postponed due to time constraint.

XI. ITEMS FOR FUTURE DISCUSSION

XII. SET NEXT MEETING/ADJOURNMENT

The next meeting will be April 19, 2011, 11:00 am at Sharp Spectrum, 8695 Spectrum Center Court, Kearny Mesa, San Diego, CA.

Meeting was adjourned at 2:15 pm.

Submitted by,

Janet I. Wolchko, Administrative Secretary
San Diego County Emergency Medical Services